FINITIED, HIZDIZUIS **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6013684 09/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3919 WEST FOSTER AVENUE** HARMONY NURSING & REHAB CENTER CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 1986619/IL115564 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)5) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest Affachment A practicable physical, mental, and psychological

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care needs of the resident.

well-being of the resident, in accordance with

each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal

Electronically Signed

TITLE

Statement of Licensure Violations

(X6) DATE

10/09/19

FRINIED, HIZDIZOIS **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 1L6013684 09/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3919 WEST FOSTER AVENUE **HARMONY NURSING & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S9999 Continued From page 1 S9999 d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour. seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection. and prevent new pressure sores from developing.

The requirements were not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that a pressure sore did not increase in size/decline and failed to ensure proper functioning of low air loss mattress for one (R3) of four residents reviewed for pressure ulcers. These deficient practices resulted in deterioration of R3's sacral pressure ulcer, developing to a Stage 3 pressure ulcer.

Findings include:

On 09/19/19 at 10:45 AM, R3 was observed in bed, asleep, turned to her right side with a pillow placed under left shoulder and lower back. R3 is using a low air loss (LAL) mattress. Her LAL mattress was covered with a fitted sheet. Under her lower back, a white blanket folded into fourths was observed placed. On top of the folded white blanket, an orange disposable under pad was also placed.

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FINITIED. HIZDIZUIS FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING 09/24/2019 IL6013684 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3919 WEST FOSTER AVENUE HARMONY NURSING & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 R3 has a diagnosis of pressure ulcer of the sacral region, Stage 3 per face sheet. According to R3's Skin/Wound note, the following were documented: 04/12/19 - sacrum Stage 2, measurement of 2.9cm (centimeters) x 3.7 cm x 0.1cm 05/24/19 - sacrum, measurement of 3cm x 4cm x 05/31/19 - sacrum Stage 3, measurement of 4.2cm x 3.0cm x 0.3cm 09/09/19 - sacrum Stage 3, measurement of 1.7cm x 1cm x 0.4cm 09/13/19 - sacrum Stage 3, measurement of 2.3cm x 1cm x 0.2cm Wound Care plan revised date 08/03/19 documented: Sacrum: Stage III - R3 is on air reducing mattress - date initiated 09/10/19. On 09/23/19 at 12:15 PM, V6 (Registered Nurse, RN) was asked regarding interventions in preventing the deterioration of R3's pressure ulcer on the sacral area. V6 stated, "I am the regular nurse for R3. When I do my rounds, I have to make sure that I check her for any unusual skin condition. I make sure she is dry, turned and repositioned every two hours. She is using a LAL mattress, a flat sheet needs to be

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covering the mattress. Fitted sheets should not be used because it prevents the alternating pressure in the mattress. Only one flat sheet is to be used to cover the mattress all the time."

At 12:34 PM, V8 (Certified Nurse Aide, CNA) was also asked regarding R3's pressure ulcer. V8 stated, "She has a pressure ulcer in the sacral area, so she needs to be turned and repositioned every two hours, make sure she is always dry. She is using a LAL mattress, With this special

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ С B. WING_ IL6013684 09/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	kind of mattress, we only use one flat sheet to cover the mattress, not a fitted sheet, because the circulation in the mattress is compromised. There should be no double padding, just one under pad under her lower back. She wears an incontinent brief too." At 12:55 PM, V10 (Licensed Practical Nurse, LPN/Wound Care Coordinator) was interviewed regarding the use of LAL mattress in the management of pressure ulcers. V10 stated, "Upon Admission of residents in the facility, if they are high risk to develop pressure ulcers, we put them on low air loss mattress. We in-serviced the staff on the floor regarding protocol for the LAL mattress, which is to use one flat sheet only, not fitted sheet because fitted sheet alters the pressure hindering the expansion of the mattress. We can put one draw sheet but no bed pad underneath. We cannot use blankets folded into two or four, placed underneath residents' lower back."	S9999		
	At 3:29 PM, V12 (Wound Physician) was asked regarding R3 and prevention and management of pressure ulcers. V12 stated, "I make rounds in the facility every week. I expect staff who sees the residents daily to identify individuals who need low pressure mattresses, heel boots and determine how to prevent pressure ulcers. A LAL mattress is a low pressure mattress, soft on skin and avoids pressure on pressure points like hips and lower back. The use of LAL mattress is the one helping in the prevention and management of pressure ulcers. I think if placing multiple sheets on the LAL mattress and if it is done repeatedly, it may worsen a pressure ulcer. Yes, I am aware that her (R3) pressure ulcer worsened into Stage 3, she is very rigid in terms of turning and needs two person assist, very limited. So, the LAL is the			

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